

City Council  
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# City of Long Beach



City Manager  
Jack Schnirman

Assistant Superintendent  
of Parks & Recreation  
Paul Ferrante

## Parks & Recreation Department



# Root to Rise Yoga

Basic instruction in yoga. All levels are welcome.  
Stephanie Durso, Instructor

**REGISTRATION:** Long Beach Recreation Center  
700 Magnolia Blvd.  
431-3890

**FEE:** \$60.00 cash, credit card, checks or money orders  
Checks or money orders made out to City of Long Beach.  
No refunds – No exceptions

**TIME:** Thursdays 7:00 p.m. – 8:00 p.m.

Registration opens on Wednesday, April 29<sup>th</sup> at 8 a. m.

There are a limited number of spots available. The class will be filled on a first come, first serve basis.  
No mail-in applications will be accepted.

Class dates: (Meet at Magnolia Senior Center – South Parking Lot at 6:45 p.m.)

	May	June
Thursday	7 – 14 – 21 – 28	4 – 11 – 18 – 25

**It is recommended that you bring your own yoga mat and water.**

Spring II 2015 Yoga

\*\*Put Telephone # on check

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**FILL OUT MEDICAL INFORMATION ON BACK OF THIS FLYER**

**For Rec Use Only:**

Receipt # \_\_\_\_\_ Amt Pd. \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Posted \_\_\_\_\_

Spring II 2015 Root to Rise Yoga

**EMERGENCY MEDICAL INFORMATION**

(Please print clearly)

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

**IN AN EMERGENCY PLEASE NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP (to above) \_\_\_\_\_

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). \_\_\_\_\_  
\_\_\_\_\_

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). \_\_\_\_\_  
\_\_\_\_\_

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY ABOUT WHICH THE  
INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR  
EMERGENCY PURPOSES? (if YES, please explain:) \_\_\_\_\_  
\_\_\_\_\_

Participant's Signature

Date